

Public Service Commission of Wisconsin

Nonprofit Access Grant Program
Financial Summary Statement – FY13

Docket: 5-GF-107

Organization/Name: ABC Nonprofit Organization

Address: 123 Anywhere in Wisconsin Ave. Federal ID#: 12-1234567
City, Wisconsin

Time Period Covered: June 2013-September 2013

PURCHASES

Specify equipment purchased from each vendor including a brief description of equipment covered by each invoice. **Invoices or receipts must be included for purchases more than \$10.00.**

	Amount
Telephone Cables (See attached receipt)	\$12.00
CapTel 800 Phone for Loan Closet (See Attached invoice)	\$99.00
Total Purchases	\$111.00

EXPENSES

Itemize and provide receipts for all expenses such as travel, office supplies, printing, Internet services, telephone services, etc. for the organization and each subcontractor separately. Provide a breakdown of any per diem charges. All expenses claimed should be reasonable and necessary to accomplish the project. **Describe formulas used for determining overheads or administrative costs.**

	Amount
Phone line for customer use. (See attached billings)	\$225.00
Total Expenses	\$ 225.00

SERVICES

Specify services rendered and activities performed by each subcontractor and individuals in the organization separately.

Detailed Service Covered by Invoice	Name	Hours	Rate	Amount
Staff time with customers (Smith)		12	\$16.00	\$192.00

Total Services			\$ 192.00

Total Cost Claimed for Reimbursement

(Purchases, Expenses and Services)

\$ 528.00

GRANT MATCH REPORTING

Source (include name of entity and description of in-kind match)	In-Kind Value \$	Cash \$
<i>Rent, supplies, equipment</i>	<i>\$227.00</i>	
<i>United Way</i>		<i>\$301.00</i>

Signature:

John Doe

Date:

October 1, 2013 (Please note the date of request should be AFTER the date of service.)

Contact Phone #:

555-555-5555

Contact E-Mail

John.Doe@ABC.org

Address:

PLEASE ATTACH COPIES OF VENDOR(S) OR SUBCONTRACTOR(S) INVOICES AND ALL RECEIPTS TO THIS SUMMARY

**SEND TO: Lisa Farrell
Fiscal Director
Public Service Commission
P.O. Box 7854
Madison, WI 53707-7854**

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